S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemen and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Labor Organization File Number 039301 P.O. Box, Bildg., Room No., if any Street 2535 01d Galveston Road City Houston State Texas ZIPCode+4 77017 State Texas ZIPCode+4 77017 5. Position in labor organization. Business Agent Enter appropriate data below if, during the pact fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any. P.O. Box, Bildg., Room No., if any Street City State Zir-Code+4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	For Official Use Only		
2. Flocal Year Covered Front: 01	REAC THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
2. Flocal Year Covered From: 01	1		
3. Name and address of person filing. Name Jimmy Hall 4. Name, file number, and address of labor organization. Name Pipe Fitters Ideal Union No. 21 Labor Organization File Number 039301 P.O. Box, Bildg., Room No., If any Street 2535 Old Galveston Road City Houston Salo Texas ZiP Code +4 77017 Sinte Texas ZiP Code +4 77017 Sinte Texas ZiP Code +4 77017 Sinte Texas ZiP Code +4 77017 A. Held an interest in, engaged in transactions (including toans) with, or derived income or other conomic benefit of monetary value from an employer whose employees your organization represents or is act vely seeking to represent. A. Held an interest in, engaged in transactions (including toans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is act vely seeking to represent. A. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income. 15. Signature 15. Signature 15. Signature and verification. The undersigned disclares, under penalty of Perjury and other applicable penalties of the taw, that all of the information submitted in his report (including the information contained in any accompanying documents), liss teem examined by the signatury and is, to the best of the undersigned Storeweige and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jammy O. Hall On 8/15/05 (713) 644~5521			
3. Name and address of person filing. Name Jimmy Hall 4. Name, file number, and address of labor organization. Name Pipe Fitters Iocal Union No. 21 Labor Organization Fee Number (039301 P.O. Box, Bildg., Room No., if any Street 2535 Old Galveston Road City Houston State Texas ZiP Code + 4 77017 A. Held an interest in, engaged in transactions (including toans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is act vely seeking to represent. A. Held an interest in, engaged in transactions (including toans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is act vely seeking to represent. A. Name and address of Employer (including trade name, if eny). 7.a. Nature of Interest, Transaction, or Income. 15. Signature 15. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information stumbled in this report (including the information contained in any accompanying documents), lias teen examined by the signatury and is, to the best of the underlying declares incomed in the instructions.) Signature 15. Signature Arman A. Hall of the information contained in any accompanying documents), lias teen examined by the signatury and is, to the best of the underlying declares incomed in the instructions.)	1 Sila Mumber II. 2//2c/	2 Fiscal Year Covered From:	
3. Name and address of person filing. Name Jimmy Hall 4. Name, file number, and address of labor organization. Name Pipe Fitters Local Union No. 21 Labor Organization File Number 039301 P.O. Box, Bildg., Room No., if any Street 2535 Old Galveston Road City Houston State Texas ZIPCode+4 77017 State Texas ZIPCode+4 77017 5. Position in labor organization. Business Agent Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions, including loans) with or derived income or other economic benefit of mondatiny value from an employer whose employees your organization represents or is not very seeking to represent. 5. Name and address of Employer (including trade nume, if any). Name Trade Name, if any. P.O. Box, Bildg., Room No., if any Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Shrowledge and belief, fluc, correct, and complete. (See the section on penalties in the instructions). Signed Jamas O. Hall of the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Shrowledge and belief, fluc, correct, and complete. (See the section on penalties in the instructions).	1. File Multiple) 0. 270/4		
Name Jimmy Hall Name Pipe Fitters Local Union No. 21 Labor Organization File Number 039301 P.O. Box, Bildg. Room No., if any Street 2535 Old Galveston Road City Houston State Texas ZIP Code +4 77017 State Texas ZIP Code +4 77018 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is not very seeking to represent. A. Name A. Name of Interest, Transaction, or Income. 7.a. Nature of Interest, Transaction, or Income. Street City State ZIP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Pelipus and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying focuments), law liven examined by the signatory and is, to the best of it undersigned Sknowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jamy O. Hall On 8/15/05 (713) 644-5521		01 /01 / 04 Through: 12 /31 /04	
Enter appropriate data below If, during the jeact fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose amplicyces your organization represents or is actively seeking to represent. A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose amplicyces your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Signature 15. Signature and vorification. The undersigned declares, under penalty of Peljury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), lias is seen examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Amm O. Hall On 8/15/05 (713) 644-5521	3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
P.O. Box, Bidg., Room No., if any Street 2535 Old Galveston Road City Houston State Texas ZIP Code +4 77017 State Texas ZIP Code +4 77018 Enter appropriate data below if, during the pact fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is act velty seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or income. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Signature 15. Signature and verification. The undersigned disclares, under penalty of Peljury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Sknowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Ammy O. Hall	Name Jimmy Hall	Name Pipe Fitters Local Union NO. 211	
Street 2535 Old Galveston Road City Houston State Texas ZIP Code + 4 77017 State Texas ZIP Code + 4 77018 Texas ZIP Code + 4 77018		Labor Organization File Number 039301	
City Houston State Texas ZIP Code +4 77017 State Texas ZIP Code +4 77017 5. Position in labor organization. Business Agent Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or its act vely seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg, Room No., if any Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), lass useen examined by the signatory and is, to the best of trundersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed James O. Hall On 8/15/05 (713) 644–5521	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
State Texas ZIPCode+4 77017 State Texas ZIPCode+4 77017 5. Position in labor organization. Business Agent Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is act vely seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any. P.O. Box, Bldg., Room No., if any Street City State Zih-Code+4 Signature 15. Signature and vorification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying occurrents), loss usen examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Ammy O. Hall On 8/15/05 (713) 644-5521	Street 2535 Old Galveston Road	Street 2535 Old Galveston Road	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any. P.O. Box, Bldg., Room No., if any Street City State Zh² Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjuy and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of trundersigned Sk nowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8/15/05 (713) 644-5521	City Houston	, only	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is act vely seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. a. Nature of Interest, Transaction, or Income. 7. b. Armount. Street City State Zip Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has seen examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jammy O. Hall On 8/15/05 (713) 644–5521	State Texas ZIP Code + 4 77017	State Texas ZIP Code+4 77017	
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Street City State Zip Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jammy O. Hall On 8/15/05 (713) 644–5521	business Agenc		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State Zip Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) On 8/15/05 (713) 644–5521	(except as specified in the exclusions set forth in the instructions):		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State: Zhr Code + 4 Signature 15. Signature and vorification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of trundersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Ammy O. Hall On 8/15/05 (713) 644-5521	monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), Itas usen examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Ammy O. Hall On 8/15/05 (713) 644-5521	o, Name and address of Employer (frottoning trave have, if any).		
P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8/15/05 (713) 644–5521	Name .		
State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jamy O. Hall On 8/15/05 (713) 644-5521	Trade Name, if any:		
State Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed 4 Amy 0. Hall On 8/15/05 (713) 644-5521	P.O. Box, Bldg., Room No., if any		
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jumy O. Hall On 8/15/05 (713) 644-5521		7.b. Amount.	
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jamy O. Hall On 8/15/05 (713) 644-5521	Street		
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jamy O. Hall On 8/15/05 (713) 644-5521	City		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8/15/05 (713) 644-5521	State ZIr ³ Code + 4		
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Jumy O. Hall On 8/15/05 (713) 644-5521	Signature		
	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the		
	Signed Jimms O. Hall	On <u>8/15/05</u> (713) 644-5521	
orm M-30 (2007)	——————————————————————————————————————		

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No , if any			
Street			
City		i	
State	ZiP Code + 4	i	
13 b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.